

Signature

Little Traverse Bay Bands of Odawa Indians Enrollment Department

7500 Odawa Circle Harbor Springs MI 49740 www.ltbbodawa-nsn.gov/home.htm Linda Gokee: 231-242-1521

Pauline Boulton: 231-242-1520

Written Authorization Form

Consent	for R	elease	of 1	Inform	ation

To: Little Traverse Bay Bands Enrollment Department					
Name:	Date of Birth:	LTBB#			
I authorize the Little Traverse Bay Bands	Enrollment Department to relea	ase information or records about me to:			
Address:					
	VING INFORMATION FI	ROM MY ENROLLMENT			
I am the individual to whom the information					
guardian. THIS AUTHORIZATION FORM	WILL EXPIRE	(LIST DATE)			

Today's Date

REQUEST FOR ACCESS TO RECORDS BY CITIZENS REG-WOS 2006-008-051807

- ➤ Tribal citizens may obtain copies of documents in their own enrollment file; with the exception of sealed adoption records that have been sealed under a court order.
- ➤ A Tribal Citizen can only access information in other citizens' files with written authorization from that citizen.
- ➤ When requested by the mother, father, son, daughter, brother or sister of a deceased citizen, that deceased citizen's birth certificate or death certificate may be copied and released to that relative.
 - o Any other release of documents from the file of any deceased citizen must be authorized by an order of the Tribal Court.